| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Thomas A. Cofino | | | | | | Docket No. YOR920000148US1 (16415) | |
|---|--------------------------|--------------------|--------|------------|------|--|------------------|
| Application No. | Filing Date | Examiner | | Customer N | 0.10 | Group Art Unit | Confirmation No. |
| 09/556,725 | April 21, 2000 | Nga B. Nguyen | | 48233 | | 3692 | 6637 |
| Invention: BUSINESS METHOD FOR COMPARISON SHOPPING WITH DYNAMIC PRICING OVER A NETWORK | | | | | | | |
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| COMMISSIONER FOR PATENTS: | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | |
| 7 | | CLAIMS AS AM | IENDED |) | | | |
| | CLAIMS REMAINING | HIGHEST# | NUMBE | ER EXTRA | | The state of the s | ADDITIONAL |
| | AFTER AMENDMENT | PREV. PAID FOR | | PRESENT | - | RATE | FEE |
| TOTAL CLAIMS | 35 - | 35 = | | | X | \$50.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | | 0 | X | \$200.00 | \$0.00 |
| Multiple Depender | nt Claims (check if appl | licable) | 4 | | | | \$0.00 |
| | | TOTAL ADDITIONAL F | FEE FO | R THIS AME | ND | MENT | \$0.00 |
| □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM □ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Steven Fischman Registration No.: 34,594 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza - Suite 300 In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of the following fees associated with this communication or credit any overlapment to the following fees associated with this communication or credit any overlapment to Deposite Account 50-0510/IBM Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16. Any additional filing fees required under 37 C.F.R. 1.16 | | | | | | | |
| Garden City Plaza - Suite 300 Garden City, New York 11530 (516) 742-4343 Signature of Person Mailing Correspondence SF:EP:me CC: Typed or Printed Name of Person Mailing Correspondence | | | | | | | |